



TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

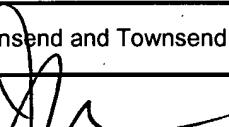
Total Number of Pages in This Submission **8**

Application Number	10/612,239
Filing Date	July 1, 2003
First Named Inventor	KUO, ERIC
Art Unit	3732
Examiner Name	WILSON, JOHN J.
Attorney Docket Number	018563-006700US / AT-00122

ENCLOSURES (Check all that apply)

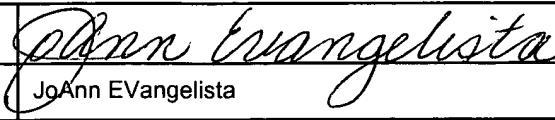
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC		
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences		
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)		
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information		
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter		
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):		
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Return Postcard		
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund			
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____			
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Landscape Table on CD			
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53				
<table border="1"> <tr> <td>Remarks</td> <td>The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.</td> </tr> </table>			Remarks	The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.
Remarks	The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.			

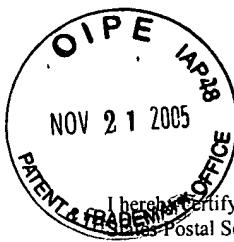
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Townsend and Townsend and Crew LLP		
Signature			
Printed name	James M. Heslin		
Date	November 18, 2005	Reg. No.	29,541

CERTIFICATE OF TRANSMISSION/MAILING

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Typed or printed name	JoAnn EVangelista	Date
		November 18, 2005



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On November 18, 2005

TOWNSEND and TOWNSEND and CREW LLP

By: JoAnn Evangelista
JoAnn Evangelista

PATENT
Attorney Docket No.: 018563-006700US
Client Ref. No.: AT-00122

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

ERIC KUO

Application No.: 10/612,239

Filed: July 1, 2003

For: DENTAL APPLIANCE
SEQUENCE ORDERING
SYSTEM AND METHOD

Customer No.: 46718

Confirmation No. 3324

Examiner: WILSON, JOHN J.

Technology Center/Art Unit: 3732

RESPONSE TO RESTRICTION AND ELECTION OF SPECIES REQUIREMENT AND PRELIMINARY AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action mailed November 1, 2005, please enter the following amendments and remarks:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 6 of this paper.